

# Exhibit B

Deposition Transcript of Dr. Shayne Sebold Taylor, M.D.

**GORE, et al.**

**vs.**

**LEE, et al.**

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**SHAYNE SEBOLD TAYLOR, M.D.**

**April 15, 2020**



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1                   **UNITED STATES DISTRICT COURT**  
2                   **FOR THE MIDDLE DISTRICT OF TENNESSEE**  
3                   **NASHVILLE DIVISION**

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4                   **KAYLA GORE; JAIME COMBS;**  
5                   **L.G.; and K.N.,**

6                   **Plaintiffs,**

7                   **vs.**

8                   **Case No. 3:19-0328**

9                   **WILLIAM BYRON LEE, in his**  
10                  **official capacity as**  
11                  **Governor of the State of**  
12                  **Tennessee; and LISA**  
13                  **PIERCEY, in her official**  
14                  **capacity as Commissioner**  
15                  **of the Tennessee**  
16                  **Department of Health,**

17                  **Defendants.**

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18                  **Videoconference Deposition of:**

19                  **SHAYNE SEBOLD TAYLOR, M.D.**

20                  **Taken on behalf of Defendants**  
21                  **April 15, 2020**

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# S T I P U L A T I O N S

The videoconference deposition of SHAYNE SEBOLD TAYLOR, M.D. was taken by counsel for the Defendants, by Notice, with all participants appearing at their respective locations, on April 15, 2020, for all purposes under the Federal Rules of Civil Procedure.

All objections, except as to the form of the question, are reserved for the hearing, and that said deposition may be read and used in evidence in said cause of action in any trial thereon or any proceeding herein.

It is agreed that LINDSEY R. PERRY, LCR,  
RPR, CRR, CSR, Court Reporter for the State of  
Tennessee, may swear the witness, and that the  
reading and signing of the completed deposition by  
the witness are not waived.

1                           \* \* \*

2  
3                           MS. SHEW: I'm Dianna Shew. I'm with  
4                           the Tennessee Attorney General's Office representing  
5                           the defendants in this case. Just a couple of  
6                           announcements, and then I think the court reporter  
7                           might have some announcements.

8                           We are conducting this deposition via  
9                           Webex. The witness, the court reporter, and all  
10                          counsel are appearing through Webex. We have  
11                          stipulated that the witness may be sworn remotely  
12                          and will be bound by that oath as if sworn in  
13                          person.

14                          All objections except as to the form of  
15                          the question are reserved. Although this is -- this  
16                          deposition is being conducted via Webex, which is a  
17                          video -- has a video aspect to it, this deposition  
18                          is being recorded by normal stenographic means only,  
19                          and we are not making a video recording.

20                          I think that is it. We have one  
21                          objecting attorney who has been identified, so I  
22                          believe that it will not be necessary, then, for him  
23                          to identify himself each time he makes an objection.  
24                          That will make things go more smoothly, and I think  
25                          it -- I'm looking -- it looks like we have pretty

1 much everybody else muted.

2 So with that, are there any other  
3 announcements by Plaintiffs' counsel or the court  
4 reporter?

5 MR. GONZALEZ-PAGAN: Not from  
6 Plaintiffs' counsel. Thank you, Dianna.

7 THE REPORTER: I don't think I have any  
8 announcements other than we need to be very aware of  
9 speaking loudly and clearly and one at a time, and  
10 just let me know if anyone has any questions during  
11 the proceedings, but with that, I think we can go  
12 ahead and swear our witness in.

13 MS. SHEW: All right.

14  
15 \* \* \*

16 SHAYNE SEBOLD TAYLOR, M.D.  
17 was called as a witness, and after having been first  
18 duly sworn, testified as follows:

19  
20 EXAMINATION

21 QUESTIONS BY MS. SHEW:

22 Q. Dr. Taylor, would you state your full name  
23 for the record, please.

24 A. My name is Shayne, S-H-A-Y-N-E. My middle  
25 name is Sebold, S as in Sam, E-B-O-L-D, as in dog.

1       Last name is Taylor, T-A-Y-L-O-R.

2       Q.       Thank you.

3               Dr. Taylor, have you ever given a deposition  
4 before?

5       A.       I have not.

6       Q.       Well, just a couple of ground rules, and  
7 your attorneys have probably covered this, but as  
8 the court reporter said, we're -- it's important  
9 that we not speak over each other. She's creating a  
10 written transcript, and it makes it hard for her to  
11 transcribe. In addition, with the Webex connection,  
12 it makes it hard for us to hear. Everybody gets  
13 garbled, and I will try and follow that same rule  
14 myself.

15              I'm going to ask you a series of questions.  
16 If at any point you don't hear my question or don't  
17 understand my question, please say that, and I will  
18 be glad to restate or rephrase my question for you.

19              This is not an endurance competition, so if  
20 at any point you need a break, please just say so  
21 and we'll take a break. I only ask that you not  
22 request a break if I have an open question on the  
23 table that you have not answered.

24              Any -- any questions about those ground  
25 rules?

1 A. No.

2 Q. Okay. Dr. Taylor, have you ever provided an  
3 expert report or an expert opinion in a lawsuit  
4 prior to this one?

5 A. No, I have not.

6 Q. All right. Today, I'm going to ask you  
7 about a few exhibits. The exhibits I'm -- that I  
8 may ask you about consist of your expert report, an  
9 updated bibliography, and the amended complaint in  
10 this lawsuit.

11 Do you have those documents available to  
12 you?

13 A. I do.

14 Q. Okay. Thank you.

15 Dr. Taylor, what is your primary area of  
16 expertise?

17 A. I am a physician. I'm double board  
18 certified in both internal medicine and pediatrics  
19 by the board -- American Board of Internal Medicine  
20 and the American Board of Pediatrics. I'm a primary  
21 care physician at Vanderbilt University Medical  
22 Center, and my clinical area of interest is taking  
23 care of LGBTQ patients, and I'm the lead clinician  
24 in Vanderbilt Clinic For Transgender Health where I  
25 manage most of the hormone therapy and primary care

1 for transgender patients.

2 Q. All right. Thank you.

3 Let's -- let's start by going through your  
4 report, and I would like the court reporter to go  
5 ahead and mark that as Exhibit 1, please.

6 (WHEREUPON, a document was marked as  
7 Exhibit Number 1.)

8 THE REPORTER: It has been so marked.

9 MS. SHEW: All right. Thank you.

10 BY MS. SHEW:

11 Q. Dr. Taylor, just flipping to the --  
12 Exhibit A of your report is your CV; correct?

13 A. That is correct.

14 Q. Have there been any additions or changes to  
15 this CV since you prepared your report and attached  
16 the CV to the report?

17 A. I have given an additional presentation.

18 Q. Okay. And what was that presentation?

19 A. That presentation was for the American  
20 College of Osteopathic Obstetricians and  
21 Gynecologists. It was regarding clinical care for  
22 the transgender patient.

23 Q. And when was that?

24 A. That was just last week. Very recently,  
25 which is why it was not on this most updated CV.

1 Q. Okay. And did you -- was that presented  
2 live or was it presented in some way virtually?

3 A. The conference ended up being a virtual  
4 conference due to the COVID pandemic.

5 Q. Okay. It was a conference of the American  
6 College of Obstetricians and Gynecologists?

7 A. It was the American College of  
8 Osteopathic --

9 Q. Okay.

10 A. -- Obstetricians and Gynecologists, so  
11 A-C-O-O-G.

12 Q. Thank you.

13 Any other changes, additions, or corrections  
14 to your CV?

15 A. No. I think that otherwise it's pretty up  
16 to date.

17 Q. All right. And then Exhibit B to your  
18 report is a bibliography?

19 A. That's correct.

20 Q. And I understand there has been an addition  
21 to that bibliography since it was filed?

22 A. Yes. It was amended.

23 Q. Okay. Let's -- let's go ahead and mark the  
24 updated bibliography as **Exhibit 2**.

25 (WHEREUPON, a document was marked as

1                   Exhibit Number 2.)

2                   THE REPORTER: It has been so marked.

3                   BY MS. SHEW:

4                   Q.         Dr. Taylor, can you tell me what was  
5                   otherwise added or changed to the amended  
6                   bibliography?

7                   A.         An additional research paper that was just  
8                   written was added to the bibliography. Was recently  
9                   published.

10                  Q.         Was that -- I'm looking at the amended  
11                  bibliography.

12                  Was that Item 48?

13                  A.         No.

14                  Q.         Okay. I was just looking for a 2020 study.  
15                  Or was it Item -- Item 51? No. Item 51 appears --  
16                  you don't know which is the addition?

17                  A.         I have the -- the -- I have the name of the  
18                  citation. I'm wondering if the copy that we have --  
19                  that I printed off this morning, it doesn't include  
20                  it.

21                  Q.         What's the name?

22                  A.         The title of the paper is called  
23                  Gender-Concordant Identity Documents and Mental  
24                  Health Among Transgender Adults in the United  
25                  States. It was published in Lancet. I'm looking

1 through the bibliography, and I'm wondering if it  
2 hasn't been included in this most recent one.

3 Q. Well, the one I have is 59 entries, and the  
4 previous one had 58. So, somewhere, we've added,  
5 but they're listed -- seem to be listed by author's  
6 last name.

7 A. Let me look.

8 MR. LIM: If I may, Dr. Taylor, it's  
9 Paragraph 48.

10 MR. GONZALEZ-PAGAN: Yeah. It's 48 on  
11 the updated, Dianna.

12 Dr. Taylor, this one, actually, that  
13 you're looking at is the updated bibliography, which  
14 is a standalone document and not the one that's  
15 attached to the report.

16 BY MS. SHEW:

17 Q. Right. That's what -- I thought it was 48.  
18 Yeah. 48.

19 A. Oh, I apologize. I have a different copy of  
20 it printed out for me.

21 Q. Okay. Okay.

22 A. I apologize.

23 Q. So Item 48 on the updated bibliography is  
24 the recent addition; correct?

25 A. Let me clarify. Yes, that is correct. I

1 apologize about that.

2 Q. Okay. Dr. Taylor, what documents have you  
3 reviewed regarding this lawsuit or regarding the  
4 plaintiffs in this case?

5 A. Regarding the plaintiffs, the only document  
6 that I have reviewed is the amended complaint and  
7 the documents that are listed in my bibliography  
8 that were helpful in preparing my testimony.

9 Q. Have you reviewed any other documents  
10 regarding this lawsuit or regarding the plaintiffs?

11 A. Yes, actually. I have reviewed the expert  
12 witness [sic] written by Dr. Ettner and by the --  
13 written by the defendant witnesses as well.

14 Q. Anything else that you reviewed?

15 A. Not that I can recall.

16 Q. And you said you'd reviewed items in the  
17 bibliography that you believed were helpful to you  
18 in this case?

19 A. That's correct.

20 Q. So you did not rely on all of the items in  
21 the bibliography in forming your opinions in this  
22 case; is that correct?

23 A. The items in the --

24 MR. GONZALEZ-PAGAN: Objection. Form.

25 //

1 BY MS. SHEW:

2 Q. You can answer.

3 A. The items in the -- okay. Thank you.

4 The items in the bibliography are some of  
5 the most well-established papers in this field. Not  
6 all of them -- the content of all of them did not  
7 make it into the testimony, but they were all  
8 reviewed while preparing my testimony.

9 Q. And you said some of them were what? Some  
10 of the most -- I forget the term you used now. Some  
11 of these are what? Among the most -- I don't think  
12 you said "important," but --

13 A. Often cited.

14 Q. Often cited? And which are those?

15 A. I don't have a specific one that is used  
16 more often than others when -- I don't have a  
17 specific one that's used more often than others.

18 Q. All right. So if I understand your  
19 testimony, you're saying that you reviewed  
20 everything in the bibliography but relied more  
21 heavily on some items than on others; is that  
22 correct?

23 MR. GONZALEZ-PAGAN: Objection. Form.

24 BY MS. SHEW:

25 Q. Is that correct?

1 A. Yes, that is correct.

2 Q. Are there any other documents regarding the

3 plaintiffs or this lawsuit that you have reviewed?

4 A. None that I can recall.

5 Q. Have you met with any of the plaintiffs in

6 this case?

7 A. Not regarding this case, no.

8 Q. Okay. But you -- apparently you have met

9 with one or more of the plaintiffs in this case; is

10 that correct?

11 A. One of the plaintiffs in this case is a

12 volunteer at my clinic.

13 Q. And which plaintiff is that?

14 A. That would be Ms. Jaime Combs.

15 Q. Okay. Have you discussed this lawsuit with

16 Ms. Combs?

17 A. I have not.

18 Q. Have you discussed Ms. Combs' facts as they

19 are recited in the amended complaint in this lawsuit

20 with Ms. Combs?

21 A. I have not.

22 Q. Are there any -- have you met or spoken with

23 any of the other plaintiffs in this case in any

24 context?

25 A. I have not.

1 Q. Have you in any way provided any counseling  
2 or medical treatment for any of the plaintiffs in  
3 this case?

4 A. I have not. I have not treated any of them  
5 clinically.

6 Q. Dr. Taylor, as I understand the opinions set  
7 forth in your report, you are not offering opinions  
8 regarding any specific harms that these particular  
9 plaintiffs have or have not suffered; is that  
10 correct?

11 MR. GONZALEZ-PAGAN: Objection. Form.

12 THE WITNESS: I have never treated these  
13 patients, so my testimony is not based on the  
14 current Plaintiffs' experiences or the harms that  
15 they have faced.

16 BY MS. SHEW:

17 Q. And, again, as I understand your report and  
18 the opinions set forth in that report, you are not  
19 claiming to have expertise regarding the creation,  
20 amendment, or maintenance of vital records; is that  
21 correct?

22 MR. GONZALEZ-PAGAN: Objection. Form.

23 THE WITNESS: I am a medical physician.  
24 My expertise lies in the treatment of patients and  
25 not in the formation or preservation of vital

1 records.

2 BY MS. SHEW:

3 Q. Did Plaintiffs' counsel provide you any  
4 information regarding this case other than what  
5 you've just described to us?

6 A. No. I believe the documents I described are  
7 the only ones that the plaintiffs' counsel provided  
8 me with.

9 Q. Okay. Did Plaintiffs' counsel ask you to  
10 make any assumptions about the plaintiffs in this  
11 case or about any other things in this case?

12 MR. GONZALEZ-PAGAN: Objection. Form.  
13 Privilege.

14 Dr. Taylor, you may answer to the extent  
15 that it doesn't reveal any privileged information.

16 THE WITNESS: Can you repeat the  
17 question, please?

18 BY MS. SHEW:

19 Q. I asked if Plaintiffs' counsel asked you to  
20 make any assumptions about the plaintiffs or about  
21 any other things in this case.

22 A. No.

23 Q. Dr. Taylor, I would like to ask you to give  
24 us, at least in your expertise, your definition of  
25 some terms that have been used in this lawsuit.

1                   First, what is transgender or a transgender  
2 person?

3                   MR. GONZALEZ-PAGAN: Objection. Form.

4                   THE WITNESS: A transgender person -- a  
5 transgender individual is a person who has a gender  
6 identity that does not match their sex assigned at  
7 birth.

8 BY MS. SHEW:

9 Q.               All right. And what is gender identity?

10 A.               Gender identity is one's lived experience  
11 and one's identity as either male or female or  
12 neither of the above. It is -- every person has a  
13 gender identity, and it is biologically based and  
14 innate to that individual.

15 Q.               So one's gender identity, as you said, might  
16 be male or female or neither of the above; correct?

17 A.               That's correct.

18 Q.               Okay. If it is neither male nor female,  
19 what options are there?

20 A.               Most of my patients identify as either male  
21 or female, but there is a small subset of patients  
22 who do not identify as either male or female or  
23 have -- feel that they possess gender identities  
24 that encompass both genders.

25 Q.               Are there particular terms or terminologies

1 that are used by those persons?

2 A. Some terms that are used to describe those  
3 people are gender nonbinary or gender fluid.

4 Genderqueer is another term that's used.

5 Q. Is -- is it accurate to say that those  
6 persons would feel incorrectly identified if  
7 referred to as either male or female?

8 A. I cannot make a generalization as to how  
9 those patients would feel based on how you address  
10 them.

11 Q. Do you -- without making a generalization,  
12 then, do you know of specific examples -- and I'm  
13 not asking you to identify people at all. I'm just  
14 asking if you know of specific examples of persons  
15 who identify neither as male nor female, and with  
16 those examples in mind, would they maintain that  
17 they are incorrectly identified if referred to as  
18 male or female?

19 MR. GONZALEZ-PAGAN: Objection. Form.

20 THE WITNESS: I would say, based on the  
21 limited amount of patients that I have experienced  
22 with -- who do not identify as male or female, they  
23 would object to being identified as either male or  
24 female.

25 BY MS. SHEW:

1 Q. All right. Getting back to -- I was asking  
2 you to give us some definitions.

3 What is sex?

4 A. Sex is a complex multifactorial term, and  
5 many things go into sex. It's generally determined  
6 based on a cursory exam of an infant's external  
7 genitals in the delivery room, but after significant  
8 amount of research and study, we have realized and  
9 understood that it is far more complex than that.  
10 It also incorporates an individual's chromosomal  
11 makeup, their hormonal makeup, the hormones they  
12 were exposed to during fetal development, the  
13 hormones they're exposed to during puberty, their  
14 internal anatomy, their external anatomy and -- in  
15 addition to their gender identity.

16 Q. What is true sex?

17 A. I'm sorry. Can you repeat the question?

18 Q. The phrase "true sex," T-R-U-E, true sex,  
19 what does that mean?

20 A. I am not familiar with that phrase.

21 Q. Okay. What about gender dysphoria?

22 A. Gender dysphoria is a diagnosis where  
23 somebody experiences psychological trauma,  
24 depression, anxiety, and distress over the fact that  
25 their gender identity does not match their sex that

1 was assigned to them at birth.

2 Q. What does the phrase "gender nonconforming"  
3 mean?

4 A. That isn't a term I use regularly, and I  
5 have not defined it in my testimony. I think that  
6 many people have different definitions of that term,  
7 and I don't really feel that I can comment on it.

8 Q. Do you have a working definition?

9 A. It's not really -- that term isn't really in  
10 my vernacular that I use clinically, so, no, I don't  
11 have a working definition of gender nonconformity.

12 Q. Okay. Let's -- I'd like to ask you a few  
13 questions about your report if you want to just get  
14 that handy. Let's start at Paragraph 18.

15 A. Okay.

16 Q. And you testified about this a little bit  
17 just a moment ago. You say the sex of a child is  
18 often determined after delivery based on the visual  
19 appearance of an infant's external genitals, and you  
20 go on to say that that's successful in assigning sex  
21 in an overwhelming majority of individuals.

22 Do you have any opinion that sex at the time  
23 of birth should be -- should be determined in some  
24 different way?

25 MR. GONZALEZ-PAGAN: Objection. Form.

1                   THE WITNESS: At this point, I believe  
2 that we should continue to use an infant's genitals  
3 as a proxy for their sex, as we are unable to have  
4 the capacity to do a further diagnostic workup on  
5 every individual that's born. With that said, if an  
6 infant or a child or an individual disagrees with  
7 that proxy that we use and said that it was the  
8 wrong sex, they should not be penalized for that.

9 BY MS. SHEW:

10 Q.         And what do you mean by "They should not be  
11 penalized for that"?

12 A.         Well, what I'm trying to say is that if --  
13 somebody's gender identity and how they identify is  
14 the determining factor for their sex, not the proxy  
15 that we used when they were in the delivery room  
16 when they were born.

17 Q.         Let's flip ahead, Dr. Taylor, to  
18 Paragraph 41 of your report.

19 A.         Okay.

20 Q.         You describe gender transition for persons  
21 who suffer from gender dysphoria as having three  
22 components: Social transition, medical transition,  
23 and surgical transition; correct? Three possible  
24 components, not three necessary components. Is that  
25 correct?

A. Yes. That's what's outlined in my testimony.

Q. Okay. Then at Paragraph 44, you state the "central aspect of social transition includes having one's personal documentation match their gender identity." And "To accomplish this, many transgender people legally change their names..."

Do you have a feel for what percentage of transgender people legally change their names as part of transition?

MR. GONZALEZ-PAGAN: Objection. Form.

THE WITNESS: I couldn't possibly predict that or pull that number without looking at all of my patients and trying to make a generalization.

BY MS. SHEW:

Q. If you looked at all of your patients, is it enough to be a reasonable sample size or -- or not?

MR. GONZALEZ-PAGAN: Objection. Form.

THE WITNESS: Many of my patients legally changed their name. I cannot speak to whether or not it would be a reasonable sample size.

BY MS. SHEW:

Q. Okay. Then you go on to say that "Social transition includes having one's driver's license,

1        passport, birth certificate, school or employee ID  
2        have the gender marker of the sex with which they  
3        identify."

4                And really my question is the same: Do you  
5        have an opinion as to what percentage of patients  
6        undergoing transition seek to have their identity  
7        documents changed?

8                MR. GONZALEZ-PAGAN: Objection. Form.

9                THE WITNESS: I do not know a  
10      percentage, no. I cannot answer that question.

11      BY MS. SHEW:

12      Q.        Okay. Is it fair to say, Dr. Taylor, that  
13        the process of transition is highly individualized  
14        for each person?

15      A.        Yes, I would agree with that statement.

16      Q.        At -- let's look at Paragraph 52 of your  
17        report. You -- you state that "A person's gender  
18        dysphoria can worsen if the person legally cannot  
19        complete their social transition. Gender dysphoria  
20        can worsen if a transgender person has discordant  
21        documentation, where some documents accurately  
22        reflect their gender identity and others do not."

23                Dr. Taylor, do you have personal experience  
24        with any patients who have had that issue?

25                MR. GONZALEZ-PAGAN: Objection. Form.

1                   THE WITNESS: I have.

2 BY MS. SHEW:

3 Q.           I'm sorry. You said you do?

4 A.           I do.

5 Q.           Approximately how many patients have you  
6 seen that have that issue?

7 A.           I don't feel like I can provide a number.

8 Q.           I mean, you don't know the number or can't  
9 approximate the number?

10 A.          I cannot approximate the number.

11                   MR. GONZALEZ-PAGAN: Objection. Form.

12 BY MS. SHEW:

13 Q.           I'm sorry. Could you repeat that,  
14 Dr. Taylor?

15 A.           I don't feel like I can approximate a  
16 number.

17 Q.           Okay. Is it -- I'm -- all right. Given  
18 that you don't want to approximate a number, I'm  
19 trying to just get in the ballpark.

20                  Is it a lot of people? Some people? A few  
21 people?

22                   MR. GONZALEZ-PAGAN: Objection. Form.

23                   THE WITNESS: I would say that I have  
24 many patients who gender dysphoria has worsened  
25 because of discordant documentation.

1 BY MS. SHEW:

2 Q. And by "discordant documentation," just to  
3 be clear, we're talking about a situation where the  
4 person has some documents which accurately reflect  
5 their gender identity and other documents which do  
6 not; correct?

7 MR. GONZALEZ-PAGAN: Objection. Form.

8 THE WITNESS: That is one example. The  
9 other example would be a patient who has no  
10 gender -- has no documentation that reflects their  
11 gender identity.

12 BY MS. SHEW:

13 Q. All right. Let's break those down. Let's  
14 talk about those as two categories.

15 Persons with gender dysphoria who have some  
16 identification documents that accurately reflect  
17 their gender identity and other identification  
18 documents that do not accurately reflect their  
19 gender identity, let's start with that category.

20 A. Okay.

21 Q. Have you seen a few people who have their  
22 gender dysphoria worsen because of that? A few?  
23 Significant number? Many? What --

24 MR. GONZALEZ-PAGAN: Objection to form.

25 BY MS. SHEW:

1 Q. -- what sort of numbers are we talking  
2 about?

3 MR. GONZALEZ-PAGAN: Sorry for  
4 interrupting, Dianna. Same objection.

5 MS. SHEW: That's all right.

6 THE WITNESS: I would say that I have --  
7 I would say that I have many patients who fit that  
8 description.

9 BY MS. SHEW:

10 Q. And then of those persons whose gender  
11 dysphoria worsens because they have no documents  
12 that accurately reflect their gender identity, is  
13 that, you know, a few? Some? Many?

14 MR. GONZALEZ-PAGAN: Objection. Form.

15 THE WITNESS: Again, I would say there  
16 are many patients that I have that fall into that  
17 category.

18 BY MS. SHEW:

19 Q. Do you -- do you know in -- in which of  
20 those categories you have more patients that suffer  
21 worsening of their gender dysphoria?

22 MR. GONZALEZ-PAGAN: Objection. Form.

23 THE WITNESS: No, I don't feel like I  
24 can accurately assess that and make an accurate  
25 answer to that question.

1 BY MS. SHEW:

2 Q. Okay. Let's look at Paragraph 53 of your  
3 report. And you're talking about -- following from  
4 52, it looks like you're talking about a worsening  
5 of -- I don't know if you're talking about a  
6 worsening of gender dysphoria or just the impact of  
7 the identification documents, but you said you've  
8 had -- well, I want to find out if these are  
9 actually -- you give an example of "A student  
10 applying to college may not get assigned appropriate  
11 and safe housing if their legal documentation is  
12 incorrect or incongruent."

13 Are you familiar with -- are you personally  
14 familiar with examples of that happening?

15 A. I have many students who are -- college  
16 students who live in communal housing who were given  
17 housing with individuals based on their sex assigned  
18 at birth and not their gender identity.

19 Q. Do you know how -- do you know if -- if  
20 there are any that have not been able to get that  
21 rectified?

22 A. I don't know.

23 Q. Later on in -- then -- oh. Let's -- next  
24 sentence, I suppose, you say it can "lead to  
25 significant anxiety." .... so much so that

1 transgender youth may opt out of applying to college  
2 altogether."

3 Are you personally aware of a situation  
4 where that occurred?

5 A. I am aware of transgender students who have  
6 ended up dropping out of college because of the  
7 challenges being so great. I specifically don't  
8 know of somebody who didn't apply to college because  
9 of these challenges.

10 Q. Okay. And then you say "A transgender woman  
11 with incorrect documentation may be unable to stay  
12 in a women's homeless shelter..."

13 Are you personally aware of any situation in  
14 which that has occurred?

15 A. No.

16 Q. Going down to Paragraph 54, you mention in  
17 this paragraph that your patients frequently report  
18 certain challenges, and I want to go through some of  
19 those.

20 First, they report the challenges they face  
21 at the pharmacy filling prescriptions.

22 What is the challenge they're facing at the  
23 pharmacy?

24 MR. GONZALEZ-PAGAN: Objection. Form.

25 THE WITNESS: Pharmacists questioning

1 why they're on the medications that they're being  
2 prescribed; insurance companies refusing to pay for  
3 those medications because they don't see a medical  
4 indication for it are some examples.

5 BY MS. SHEW:

6 Q. All right. And then what are the challenges  
7 at the DMV?

8 A. Challenges at the DMV could include having a  
9 gender presentation that is different than their  
10 gender marker that is listed on their ID; challenges  
11 that come with trying to change their gender marker  
12 that is listed on their driver's license. Those are  
13 some examples.

14 Q. Going back to the pharmacy issue for a  
15 moment, has -- have you had a patient or have  
16 personal knowledge of anybody who's been asked to  
17 present a birth certificate at a pharmacy?

18 MR. GONZALEZ-PAGAN: Objection. Form.

19 THE WITNESS: No.

20 BY MS. SHEW:

21 Q. And then you said challenges talking to  
22 their health insurance companies.

23 What personal examples can you give with  
24 that -- with respect to that?

25 MR. GONZALEZ-PAGAN: Objection. Form.

1                   THE WITNESS: Coverage for certain  
2 preventative health-related procedures; coverage for  
3 their medications; disclosing -- or changing their  
4 gender marker with the insurance company and then  
5 how that leads to -- how that could potentially lead  
6 to downstream lack of coverage for other procedures;  
7 trying to get medications and services covered.

8 BY MS. SHEW:

9 Q.           I'm curious. What is the -- what is the  
10 obstacle or obstacles they're facing with respect to  
11 preventative health procedures?

12 A.           Every transgender person has their gender  
13 marker changed on their insurance card, their  
14 insurance documentation, so let's say somebody who  
15 was assigned female at birth identifies as male and  
16 has their documentation changed to reflect their  
17 gender identity for their gender -- their insurance  
18 card says that they're male, that insurance company  
19 may, therefore, not pay for a mammogram or a Pap  
20 smear even though the patient still has that anatomy  
21 that still needs to be screened for malignancies.

22 Q.           Okay. Thank you.

23               In Paragraph 55, you say "Transgender people  
24 may feel that they're unable to participate in their  
25 communities, neighborhoods, schools, or jobs with

1 without having documentation that reflects their  
2 gender identity."

3                   What -- what examples are you aware of?

4                 A.           I think it's the fact -- I think it's partly  
5 the fact that we have data to suggest that a  
6 transgender person's dysphoria can worsen when they  
7 don't feel that their community or their legal  
8 system or their state recognizes them for who they  
9 really are, and, therefore, they may feel limited in  
10 their ability to participate in their communities  
11 because they do not feel recognized by their  
12 communities.

13               Q.           Do you have any more specific examples or is  
14 that what you meant by the statement in  
15 Paragraph 55?

16                   MR. GONZALEZ-PAGAN: Objection. Form.

17                   THE WITNESS: I would need some more  
18 time to think about a specific example.

19                   BY MS. SHEW:

20               Q.           Well, we'll come back to that one.

21                   Paragraph 56, you refer to a 2015 Canadian  
22 study which "demonstrated that having one or more  
23 identity documents concordant with gender identity  
24 was statistically significantly associated with  
25 reduced suicidal ideations and attempts. Based on

1       this study's results, for every 1,000 people whose  
2       identity documents are correct, 90 episodes of  
3       suicidal ideation and 20 suicide attempts would be  
4       prevented over the course of one year."

5                  And you're cited the Bauer study in the  
6       bibliography; correct?

7       A.           That's correct.

8       Q.           Do you know if that outcome of less suicidal  
9       ideation and less suicidal attempts is enhanced if  
10      there are more identity documents concordant with  
11      gender identity? In other words, the more documents  
12      you have concordant with gender identity, is there  
13      data to show that suicidal ideation or suicidal  
14      attempts are reduced even further?

15      A.           Yes, we do have that. The paper that was  
16      added to the bibliography in the amended  
17      bibliography was a study of just that. The authors  
18      reviewed -- and I don't have the paper out in front  
19      of me, so I'll try to summarize it to the best of my  
20      ability, but the authors have shown that based on  
21      the 2015 transgender -- transgender survey -- I  
22      don't have the formal name in front of me. They had  
23      about 22,000 people submit a survey, and less than  
24      11 percent of them had all of their gender identity  
25      documents matching, and of those patients who had

1 all of their gender identity documents concordant  
2 and reflective of their true name and true gender  
3 identity, those patients had a significantly lower  
4 risk of suicide attempts and suicidal ideation.

5 For the patients who had some documents  
6 reflective of their gender identity and the patients  
7 who had no documentations -- or documents reflective  
8 of their gender identity had much higher risks of  
9 suicide and depression and suicide attempts.

10 Again, I don't have the paper in front of  
11 me, so I can't give you the actual raw data that I'd  
12 like to present for you right now, but that was what  
13 that study was showing; that the more documents you  
14 have, the better the outcomes are for the -- for the  
15 individual.

16 Q. And this was the Lancet study that we  
17 discussed earlier in your deposition --

18 A. That's correct.

19 Q. -- correct? Okay.

20 Let's look at Paragraph 60 of your report.  
21 You state -- and I want to read it very exactly from  
22 your report. You state "A patient's right to  
23 privacy includes what they choose to do with their  
24 own documentation."

25 What do you mean by that?

1       A.       I mean that it is a deeply personal decision  
2 to change one's documentation, and it is unique for  
3 each person, and that choice that they make is -- is  
4 a private one, and their privacy can be in their --  
5 situations in which they disclose their transgender  
6 status, all of that is a very private and personal  
7 decision, and what they choose to do with their own  
8 documentation is part of their -- is part of their  
9 privacy.

10      Q.       Let's go to Paragraph 62 of your report.

11      The first sentence of Paragraph 62 you state "Aside  
12 from intentionally trying to discriminate against  
13 transgender people and infringing on their rights to  
14 privacy, I can think of no other plausible reason  
15 why the State of Tennessee would refuse to change a  
16 person's gender marker on their birth certificate."

17             Did I read that correctly?

18      A.       Yes.

19      Q.       Okay. Dr. Taylor, you don't know why the  
20 State of Tennessee won't change the "sex" field on  
21 certain birth certificates, do you?

22             MR. GONZALEZ-PAGAN: Objection. Form.

23             THE WITNESS: Based on the documentation  
24 that I read from the defendant's expert witness,  
25 from what I can understand, they're trying to

1 preserve vital statistics, and that is the main  
2 reason why they have chosen not to grant this for  
3 transgender individuals.

4 BY MS. SHEW:

5 Q. All right. Your statement is that you can  
6 think of no other plausible reason why the state  
7 won't change it except that it's trying to  
8 intentionally discriminate?

9 MR. GONZALEZ-PAGAN: Objection.

10 BY MS. SHEW:

11 Q. That is your statement; correct?

12 A. Yes, that is my statement.

13 Q. Okay. But, in fact, as I understand your  
14 linkage here -- tell me if I'm -- if I misunderstand  
15 your answer -- you've read one or more of  
16 Defendants' expert reports which state that the  
17 State of Tennessee is trying to preserve the  
18 integrity of vital records, and you believe that  
19 that report or that opinion is -- is simply masking  
20 an intent -- an intention to -- an intent to  
21 intentionally discriminate against transgender  
22 persons.

23 Is that what you're saying?

24 THE REPORTER: I'm sorry. This is the  
25 reporter. I didn't catch that objection.

1 MR. GONZALEZ-PAGAN: Sure. Objection.

2 Form. Mischaracterizes testimony.

3 THE REPORTER: Thank you.

4 MR. GONZALEZ-PAGAN: You may answer,  
5 Dr. Taylor.

6 THE WITNESS: I would say that I -- I  
7 agree with the statement in my -- in my testimony;  
8 that I believe all provisions to prevent a  
9 transgender patient from changing their birth  
10 certificate marker is an act of discrimination.

11 BY MS. SHEW:

12 Q. Regardless of why it is done; is that  
13 correct?

14 MR. GONZALEZ-PAGAN: Objection. Form.

15 THE WITNESS: I -- knowing the fact that  
16 48 other states in the country allow this and also  
17 have a responsibility to uphold vital statistics, I  
18 feel that Tennessee's response is, as mentioned in  
19 my testimony, an act of discrimination infringing on  
20 their rights to privacy.

21 BY MS. SHEW:

22 Q. But -- but to be plain, and, again, I'm  
23 going back to your words, you believe that  
24 Tennessee's stated purpose of preserving its vital  
25 records is a pretense for intentional discrimination

1 against transgender persons; correct?

2 MR. GONZALEZ-PAGAN: Objection. Form.

3 You may answer, Dr. Taylor.

4 THE WITNESS: I -- I -- I -- I might  
5 need you to clarify the statement one more time.

6 BY MS. SHEW:

7 Q. Okay. You -- based on Paragraph 62 of your  
8 report, you believe that Tennessee's stated purpose  
9 of preserving the integrity of vital records is just  
10 a -- it's a pretext or a pretense for intentional  
11 discrimination against transgender persons?

12 MR. GONZALEZ-PAGAN: Objection. Form.

13 THE WITNESS: I'm not sure if I feel  
14 comfortable answering that question. I believe that  
15 the argument of preserving vital statistics is  
16 not -- is not strong in this case, and, you know, I  
17 agree with the -- the statement I'm saying in my  
18 testimony; that I think the -- the policy in  
19 Tennessee is intentionally discriminating against  
20 transgender patients or individuals.

21 BY MS. SHEW:

22 Q. Okay. Let's go to the next part of  
23 Paragraph 62. You reference the Williams Institute  
24 study stating there are approximately 31,000  
25 transgender persons living in the State of

1       Tennessee, which is composed of 6.77 million people,  
2       and then you go on to state "Even if every  
3       transgender Tennesseean took advantage of changing  
4       their birth certificates, the likelihood that it  
5       would have any statistically relevant impact on the  
6       state's vital statistics is slim to nonexistent."

7                  Is that a correct read of your statement?

8       A.       Yes. That's what I wrote.

9       Q.       Okay. What's the basis for that opinion?

10      A.       The basis for the opinion is that this is  
11       still a relatively small group of people, and of  
12       this relatively small group of people, a relatively  
13       smaller group of people will probably be the ones to  
14       take advantage of changing their names on their  
15       birth certificates, so the likelihood that it would  
16       have impact on any data that the State of Tennessee  
17       is trying to collect is probably not going to be  
18       statistically significant. And then if you review  
19       down to Paragraph 64, it seems as though keeping an  
20       original copy of the patient's birth certificate or  
21       an individual's birth certificate under seal is  
22       still a valid option for maintaining vital  
23       statistics.

24      Q.       Okay. Of -- let's look at the numbers you  
25       have in Paragraph 62.

1                   Of those roughly 31,000 transgender persons,  
2 you don't know how many might or might not elect to  
3 change the -- the "sex" field on their birth  
4 certificate, do you?

5 A.           No, I don't.

6                   MR. GONZALEZ-PAGAN: Objection. Form.

7 BY MS. SHEW:

8 Q.           You would -- you would agree, would you not,  
9 Dr. Taylor, that even very small variations in  
10 statistical data can become statistically  
11 significant, just as a general proposition?

12 A.           I am not a statistician. I'm a medical  
13 physician who has read quite a bit of literature,  
14 and when you have such large sample sizes, there is  
15 some degree of variability, and small numbers will  
16 have -- have less of an effect when there's -- as a  
17 large population.

18 Q.           Right, but they can still have an effect;  
19 correct?

20                   MR. GONZALEZ-PAGAN: Objection. Form.

21                   THE WITNESS: They could still have an  
22 effect.

23 BY MS. SHEW:

24 Q.           Going to Paragraph 63, you note -- you --  
25 you discuss the fact that other states allow

1 transgender individuals to correct their birth  
2 certificates in a manner consistent with their  
3 gender identity and go on to say that these states  
4 have determined that the overall impact of allowing  
5 transgender people to correct sex designation "was  
6 insignificant for the state and did not negatively  
7 affect the states' interests in ensuring accurate  
8 and useful vital statistics records."

9                   Do you have any basis for stating that other  
10 states have undertaken that analysis? That they've  
11 undertaken a statistical analysis and concluded that  
12 it's not statistically significant or, as you say,  
13 was insignificant?

14                   MR. GONZALEZ-PAGAN: Objection. Form.

15                   THE WITNESS: I don't, but I imagine  
16 that those 48 other states in our country have a  
17 similar goal and interest in collecting data to be  
18 used for research in public health and, you know,  
19 city-wide or state-wide research, and those 48 other  
20 states felt that they could still provide this  
21 service to transgender individuals despite having  
22 the same goals that Tennessee has in maintaining  
23 vital statistics.

24 BY MS. SHEW:

25 Q.               But, in fact, Dr. Taylor, you don't know the

1 underlying reasons why these 48 other states and the  
2 District of Columbia and Puerto Rico have passed the  
3 particular laws that they have; is that correct?

4 MR. GONZALEZ-PAGAN: Objection. Form.

5 THE WITNESS: That's correct. I was not  
6 involved in their decisions as to what made them to  
7 decide to allow people to change their birth  
8 certificate.

9 BY MS. SHEW:

10 Q. Let's look at Paragraph 64. And you  
11 mentioned this just a moment ago.

12 You were saying that one solution is that  
13 the State of Tennessee could permit the -- the "sex"  
14 field on the birth certificate to be changed and  
15 then maintain the original document under seal;  
16 correct?

17 A. That's correct.

18 Q. And you conclude by saying that would then  
19 allow transgender people born in Tennessee to have  
20 birth certificates or were -- would not -- it would  
21 allow them to not have to have, I guess, would --  
22 they would not be required to have birth  
23 certificates that are inconsistent with their gender  
24 identity; correct? In other words, the solution you  
25 propose -- the solution you propose in Paragraph 64

1       allows transgender persons to have a birth  
2       certificate which is not inconsistent with their  
3       gender identity; correct?

4       A.        Correct. The State of Tennessee allows a  
5       transgender individual to change their gender marker  
6       on their birth certificate, and the State of  
7       Tennessee keeps an original copy under seal to  
8       maintain vital statistics. The individual would be  
9       able to obtain a copy that has the correct gender  
10      marker for their own private purposes while the  
11      state would be able to maintain a copy of the  
12      original birth certificate for their own purposes.

13      Q.        I'm curious about your use of the phrase  
14      "not inconsistent" -- or "inconsistent with their  
15      gender identity."

16           So if I identify as female and I have a  
17      birth certificate, whether it's original or changed,  
18      that says female, then my birth certificate is not  
19      inconsistent with my gender identity; correct?

20           MR. GONZALEZ-PAGAN: Object to form.

21           THE WITNESS: Yes. I mean, it's a  
22      double negative, but --

23      BY MS. SHEW:

24      Q.        Well, I know. I'm trying to stick with your  
25      phrase.

1           What -- what if -- what if no birth  
2 certificate -- nobody's -- no birth certificate in  
3 the State of Tennessee had a field that showed the  
4 sex of the person? Would that -- so like everyone  
5 else in the State of Tennessee, my birth certificate  
6 does not show male or female. Is that -- and I  
7 identify as female.

8           Is that inconsistent with my gender  
9 identity?

10           MR. GONZALEZ-PAGAN: Objection. Form.

11           You may answer, Dr. Taylor.

12           THE WITNESS: If -- if the document  
13 doesn't classify -- if nobody's documentation has  
14 any specific mention of gender, then I would say  
15 that it is not -- not inconsistent; that it could be  
16 consistent.

17 BY MS. SHEW:

18 Q.        Okay.

19 A.        I don't see a situation in -- where that  
20 would exist, though. Like a plausible hypothetical.

21 Q.        And why is that?

22 A.        Because the birth certificate, at this  
23 point, has a gender marker on it.

24 Q.        Oh, I understand that. And I was stating a  
25 hypothetical.

1           You've said it's not a plausible  
2 hypothetical, and I'm asking why is it not a  
3 plausible hypothetical?

4       A.       Because nobody's proposing to remove the  
5 gender distinction on a birth certificate at this  
6 point. That's not -- at least not in this case.

7       Q.       Right. That's right. That's why my  
8 question was hypothetical.

9           Dr. Taylor, do you have an -- do you have  
10 any basis or any understanding of what the practical  
11 implications would be for the State of Tennessee to  
12 allow changes to the "sex" field on -- on birth  
13 certificates? I mean, do you understand how that  
14 operates or what the logistics or the burden might  
15 be?

16           MR. GONZALEZ-PAGAN: Objection. Form.  
17 It also falls outside the scope of the expert's  
18 testimony.

19           THE WITNESS: I cannot posit on the  
20 burden of the state if they were to allow  
21 transgender patients to change the sex marker on  
22 their birth certificate.

23           MR. GONZALEZ-PAGAN: Dianna, if I may,  
24 can we take a quick five-minute break? At least I  
25 need one.

1 MS. SHEW: I was just about to suggest  
2 that, so let's break for about five minutes, and I  
3 suggest, as I did the other day, that people not  
4 sign out of the Webex for the break because we --  
5 sooner or later, somebody won't make it back in.

6 So if everybody will just do whatever  
7 you want to -- whatever you want to do to mute, et  
8 cetera, we'll reconvene in about five minutes.

9 Thank you.

10 MR. GONZALEZ-PAGAN: Thank you.

11 (Short break.)

12 BY MS. SHEW:

13 Q. Dr. Taylor, I asked you a little while ago  
14 in the deposition about Paragraph 55 of your report.  
15 If you'll look at that. That said "Transgender  
16 people may feel that they are unable to participate  
17 in their communities, neighborhoods, schools, or  
18 jobs without having documentation that reflects  
19 their gender identity. This can further lead to  
20 social isolation and worsening gender dysphoria."  
21 And I asked you earlier in your deposition if you  
22 knew of specific examples, and you said you would  
23 need to -- some time to think about that.

24 Have you thought of any specific examples?

25 A. I have not thought of any specific examples.

1 Q. Did you have any specific examples in  
2 mind -- do you recall if you had any specific  
3 examples in mind when you authored that particular  
4 paragraph?

5 A. I don't know if I had any specific examples  
6 in mind.

7 MS. SHEW: Okay. That's all the  
8 questions I have.

9 MR. GONZALEZ-PAGAN: Thank you, Dianna.

10 We only have -- Dr. Taylor, we only have  
11 one quick follow-up question.

12  
13 EXAMINATION

14 QUESTIONS BY MR. GONZALEZ:

15 Q. Do you recall -- in looking at your report,  
16 Paragraph 54, do you recall being -- testifying as  
17 to problems that people may encounter with regards  
18 to preventative care, such as mammograms or Pap  
19 smears, once they correct the sex marker on their  
20 insurance? Do you recall that line of questioning?

21 A. I do.

22 Q. The fact that people may encounter those  
23 issues with insurance coverage for preventative  
24 care, does that mean that a person should not be  
25 allowed to correct the marker for the sex on their

1 insurance or any other identity document?

2 A. No. I would say patients still should be  
3 able to change their gender marker on their  
4 insurance and their -- any other documentation that  
5 they choose to.

6 MR. GONZALEZ-PAGAN: Thank you. That's  
7 all from us.

8 MS. SHEW: I have no -- I have no  
9 further questions.

10 All right. So we are concluded today.  
11 You will want the witness to read and sign, I'm  
12 guessing?

13 MR. GONZALEZ-PAGAN: That's correct. We  
14 would ask for -- to read and sign.

15 MS. SHEW: All right.

16 THE REPORTER: And, Counsel, may I have  
17 orders on the record, please?

18 MS. SHEW: Transcript orders?

19 THE REPORTER: Yes, please.

20 MS. SHEW: Yes, we -- yes, we've ordered  
21 the transcript.

22 MR. GONZALEZ-PAGAN: And we would order  
23 a standard delivery transcript for the plaintiffs  
24 and I -- Omar Gonzalez-Pagan -- I would receive  
25 that.

(An off-the-record discussion was held.)

MS. SHEW: Electronic is fine for me.

MR. GONZALEZ-PAGAN: Electronic is fine with us, as well.

THE REPORTER: Okay. Great. Thank you.

FURTHER DEPONENT SAITH NOT



## **REPORTER'S CERTIFICATE**

**STATE OF TENNESSEE**

## COUNTY OF WILLIAMSON

I, LINDSEY R. PERRY, licensed court

reporter, with offices in Franklin, Tennessee,

**hereby certify that I reported the foregoing**

**videoconference deposition of SHAYNE SEBOLD TAYLOR,**

M.D. by machine shorthand to the best of my skills

and abilities, and thereafter the same was reduced

**to typewritten form by me.**

I further certify I

I further certify I am not related to any of the parties named herein nor related to their counsel and have no interest, financial or otherwise, in the outcome of the proceedings.

I further certify that in order for this document to be considered a true and correct copy, it must bear my original signature and that any unauthorized reproduction in whole or in part and/or transfer of this document is not authorized, will not be considered authentic, and will be in violation of Tennessee Code Annotated 3-914-104, Theft of Services.

Bridget R. Perry

LINDSEY R. PERRY, LCR, RPR, CRR, CSR  
Licensed Court Reporter  
Registered Professional Reporter  
Certified Realtime Reporter  
Certified Shorthand Reporter  
State of Tennessee at Large

**LCR #790 - Expires:** 6/30/2020

## ERRATA PAGE

I, SHAYNE SEBOLD TAYLOR, M.D., having  
read the foregoing deposition, pages 1 through 50, do  
hereby certify said testimony is a true and accurate  
transcript, with the following changes (if any):

Shayne S. Taylor MD  
**SHAYNE SEROLD TAYLOR, M.D.**

## **Notary Public**

## **My Commission Expires:**

Reported by: LINDSEY R. PERRY, LCR, RPR, CRR, CSR

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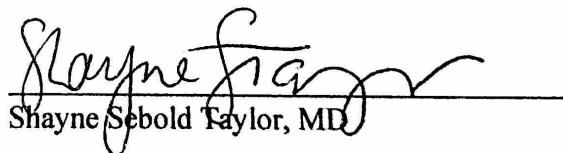
UNITED STATES DISTRICT COURT  
MIDDLE DISTRICT OF TENNESSEE  
NASHVILLE DIVISION

KAYLA GORE, JAIME COMBS, L.G., and )  
K.N., )  
Plaintiffs, ) Case No. 3:19-cv-00328  
v. )  
WILLIAM BYRON LEE, in his official ) Judge Eli J. Richardson  
capacity as Governor of the State of ) Magistrate Judge Barbara Holmes  
Tennessee and LISA PIERCEY, in her )  
official capacity as Commissioner of the )  
Tennessee Department of Health, )  
Defendants. )

**ERRATA DECLARATION**

I, Shayne Sebold Taylor, MD, having read the foregoing transcript of my deposition taken on April 15, 2020, pages 1 through 50, do hereby certify under penalty of perjury under the laws of the United States of America that said deposition testimony is a true and accurate transcript, with the changes detailed on the attached errata page.

Executed on this 13 day of May 2020.



Shayne Sebold Taylor, MD

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